



**PRIMARY CHILDREN'S MEDICAL CENTER**  
*A Service of Intermountain Health Care*



## INDIAN HEALTH SERVICE CHILD ABUSE PROJECT

### SITE SPECIFIC STATISTICAL DATA

Please complete the following information about your practice site **for all child sexual/physical abuse cases in the past year for age 18 and under for the following time periods:**

**Before training (for 12 months prior to May 2005, due August 2005):** \_\_\_\_  
**Year One (May 2005-April 2006, due July 2006):** \_\_\_\_  
**Year Two (May 2006-December 2006, due February 2007):** \_\_\_\_

Medical Provider: \_\_\_\_\_  
 Site/facility: \_\_\_\_\_

- Total number of reported child abuse cases last year: \_\_\_\_  
     Physical abuse: \_\_\_\_      Sexual abuse: \_\_\_\_      Other: \_\_\_\_
- Total number of substantiated cases last year: \_\_\_\_  
     Physical abuse: \_\_\_\_      Sexual abuse: \_\_\_\_
- Total number of medical examinations for abuse last year performed at your site: \_\_\_\_
- Total number of medical examinations for abuse last year performed somewhere other than at your site: \_\_\_\_
- Estimated total cost for medical examinations for abuse last year performed somewhere other than at your site: \$ \_\_\_\_\_
- Total number of cases where the alleged perpetrator was arrested last year: \_\_\_\_
- Total number of cases accepted for prosecution last year: \_\_\_\_
- Number of other medical providers at this facility who do child abuse examinations: \_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Please mail (or e-mail) this form as soon as possible after all data is collected to:

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 Director, IHS/OVC Child Abuse Project  
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